



DIVISION OF FISHERIES & WILDLIFE

1 Rabbit Hill Road, Westborough, MA 01581
p: (508) 389-6300 | f: (508) 389-7890
MASS.GOV/MASSWILDLIFE

APPLICATION FOR A WILDLIFE REHABILITATION PERMIT

AFTER successfully passing the Massachusetts Wildlife Rehabilitation Permit Exam, fill out this application form and send it with check or money order to the DFW Boston office.

Fee: \$10.00. Make check or money order payable to: "Commonwealth of Massachusetts – DFW"

Division of Fisheries and Wildlife – Boston Office
251 Causeway Street, Suite 400
Boston, MA 02114-2152
Phone: (617) 626-1575, Fax: (617) 626-1517

Pursuant to the provisions of Chapter 131, Section 4 of the Massachusetts General Laws, and 321 CMR 2.13, I apply for a license to acquire and hereby possess sick, injured, debilitated, or orphaned wildlife and provide necessary care and treatment to return the animal to live in the wild, independent of human aid and sustenance.

NAME _____ DATE OF BIRTH _____

ADDRESS _____

CITY & STATE _____ ZIP _____

PHONE # _____

EMAIL ADDRESS _____

ORGANIZATION (if applicable) _____

LOCATION WHERE ANIMALS WILL BE KEPT _____

PLEASE PROVIDE THE FOLLOWING INFORMATION WITH YOUR APPLICATION:

A: The wildlife species or types (such as "small mammals", "songbirds", "waterfowl", "reptiles and amphibians", etc.) of wildlife which the applicant is prepared to rehabilitate.

B: A description of the cages and other facilities which the applicant has available for rehabilitation purposes. Diagrams, drawings in scale, or photographs may be used.

CONSULTANT VETERINARIAN _____

ADDRESS _____

CITY & STATE _____ ZIP _____

ORGANIZATION _____

BUSINESS PHONE # _____

Do you wish to be listed publically on our website as a wildlife rehabilitator? YES NO
(Only name, town, and phone number will be listed.)

Please indicate the category of wildlife for care (M= mammals, R= reptiles, B= birds) _____

Have you been convicted of a violation of any provision of M.G.L., c. 131 or any provision of M.G.L., c. 266 or c. 272 involving cruelty to animals, or of any provision of 321 CMR, or any related Federal statute or regulation within the past five years? No _____ Yes _____ If yes, please explain:

NOTE: If you plan to rehabilitate migratory birds, you must obtain a Federal Permit *after* obtaining a state permit.

I certify under the pains and penalties of perjury that the information provided above is true and correct to the best of my knowledge and belief.

SIGNATURE

DATE